
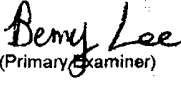


|  |                 |               |  |
|--|-----------------|---------------|--|
| <b>Issue Classification</b><br> | Application No. | Applicant(s)  |  |
|  | 09/874,365      | KUDRLE ET AL. |  |
|  | Examiner        | Art Unit      |  |
|  | Benny Lee       | 2817          |  |

| ISSUE CLASSIFICATION                 |   |          |  |  |                                   |     |  |  |  |
|--------------------------------------|---|----------|--|--|-----------------------------------|-----|--|--|--|
| ORIGINAL                             |   |          |  | CROSS REFERENCE(S)   |                                   |     |  |  |  |
| CLASS                                |   | SUBCLASS |  | CLASS  | SUBCLASS (ONE SUBCLASS PER BLOCK) |     |  |  |  |
| 333                                  |   | 033      |  | 333  | 262                               | 161 |  |  |  |
| INTERNATIONAL CLASSIFICATION         |   |          |  |  |                                   |     |  |  |  |
| H01                                  | P | 5104     |  |  |                                   |     |  |  |  |
| H01                                  | P | 1110     |  |  |                                   |     |  |  |  |
| H01                                  | P | 1118     |  |  |                                   |     |  |  |  |
|                                      |   | /        |  |  |                                   |     |  |  |  |
|                                      |   | /        |  |  |                                   |     |  |  |  |
| -----<br>(Assistant Examiner) (Date) |   |          |  | <b>Benny Lee</b><br><b>Primary Examiner</b><br><br>(Primary Examiner) |                                   |     | Total Claims Allowed: 24<br><br>O.G. Print Claim(s) 1<br>O.G. Print Fig. 1 |  |  |
| (Legal Instruments Examiner) (Date)  |   |          |  |  |                                   |     |  |  |  |

|  |          |                              |          |                               |          |                                 |          |
|--|----------|------------------------------|----------|-------------------------------|----------|---------------------------------|----------|
| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant |          | <input type="checkbox"/> CPA |          | <input type="checkbox"/> T.D. |          | <input type="checkbox"/> R.1.47 |          |
| Final  | Original | Final                        | Original | Final                         | Original | Final                           | Original |
|  | 1        | 16                           | 31       |                               | 61       |                                 | 121      |
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